

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/12/2002.

I. DISPUTE

Whether there should be additional reimbursement for Ambulatory Surgical Center care for 12/12/2001.

II. RATIONALE

The requestor submitted an EOB with the denial code of "M" No MAR set by TWCC-reduced to fair and reasonable re-evaluation the audit will stand as initially evaluated. Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The requestor billed \$4,828.41 for the Ambulatory Surgical Center care; the respondent paid \$2,236.00 leaving a balance of \$2,592.41. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor submitted redacted EOBs that indicate that their charges were fair and reasonable. The redacted EOBs reflect similar treatment as identified in this dispute. The evidence submitted also indicates that the Requestor is willing to accept reimbursements from other insurance carriers in a range of 85% to 100%. Based on this evidence, reimbursement will 85% of the total amount billed. 85% of \$4,828.41 is \$4,104.15 minus the amount already paid \$2,236.00 equals \$1,868.15 additional reimbursement. The Respondent did not submit any evidence to support their charges were fair and reasonable or the requestors were not fair and reasonable. Therefore, reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for Ambulatory Surgical Center care in the amount of **\$1,868.15**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,868.15** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 10th day of September 2003.

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